

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1		10	1				51				
2			1				52				
3			1				53				
4			1				54				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			11				TOTAL IND.				
TOTAL DEP.			39				TOTAL DEP.				
TOTAL CLAIMS			40				TOTAL CLAIMS				

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49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

Claim		Date
Final	Original	
	151	
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Claim		Date
Final	Original	
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SYMBOLS

- ✓ Rejected
- = Answer
- (Through numeral) Cancelled
- △ Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

(1 FET INSIDE)